Submitted Testimony of **David Stevens, MD, MA (Ethics)**
Statement to the Joint Committee on Judiciary
In **OPPOSITION** to HB No. 7015 – "Aid in dying for Terminally Ill Patients"
Wednesday, March 18, 2015

I am writing to OPPOSE HB 7015. My name is Dr. David Stevens. I am the Executive Director for the American Academy of Medical Ethics. I am concerned about decreasing suffering at the end of life and protecting healthcare. My own father died of cerebral malaria at the age of 65 after he and my mom visited us in Kenya where I practiced for a number of years. My father-in-law lived with us for seven years as he went through the final stages of Alzheimer's disease. I led a medical relief team in Somalia for 10 months during the "Black Hawk Down" days. I also led a relief team in Sudan for 11 months during their country's civil war during which we successfully wiped out an epidemic of relapsing fever during that same time. And I was in charge of a team that worked in Rwanda during the genocide. I've seen more suffering than I ever wanted to. I've stood at patients' beds and prayed that God would go ahead and take them.

But allowing doctors to give lethal prescriptions to their terminally ill patients is dangerous.

It is dangerous for physicians. It wrongly assumes all physicians are idea moral agents. As you know, there are doctors you would send your family members to and those you would not. Physicians are under increasing stress, workloads and costs pressures as well. It takes no great skill and very little time to write a lethal prescription. It takes consummate skill and lots of effort to provide good end-of-life care. Allowing lethal prescriptions also gives the physician too much power as they literally would be judge, jury and assistant executioner in end-of-life cases. We don't allow a single judge that kind of power in trials of mass murderers. The power is not in the patient's hands despite signing a form and giving oral consent. By carefully choosing how I describe their disease and prognosis, I could convince someone that taking a lethal prescription was a good idea without ever saying the words "physician-assisted suicide." Remember, suicide is not illegal in Connecticut and can be accomplished painlessly with a running car parked in your garage. This is not about giving patients the so-called "right to die" but about giving physicians the right to kill.

It is dangerous for families. Could you imagine going to visit your parent or other loved one in the nursing home and finding their bed empty? When you ask, you find that their physician had given them a lethal prescription and they have taken their life without saying anything to you. I know I would feel guilt—didn't I visit them often enough? I would feel anger—how could their doctor do this without bringing me into the discussion? And I would feel sadness. Allowing this will also cause enormous dissension in many families, as had been documented in Europe where this has been allowed much longer. It also opens the door to worsened elder abuse. One elderly woman was quoted in a newspaper to say, "…when I started losing my hearing about three years ago, it irritated my daughter…She began to question me about my financial matters and apparently feels I won't leave much of an estate for her… She became very rude…Then suddenly, one evening, my daughter said she thought it was okay for old people to commit suicide...So here I sit, day after day, knowing what I'm expected to do."

It is dangerous for patients. The so-called "right to die" will become the duty to die. My mom is 86 and a few years ago as she began to have some problems living alone I encouraged her to move from Kentucky to Tennessee and live with us. She said to me, "Son, I don't want to be a _____…." Yes, you can fill in the word "BURDEN." Many of the elderly will feel a duty to not be a financial burden, time

burden or even an inconvenience. Did you know some bioethicists are already teaching there is a duty to die? Dr. John Hartwig teaches students at East Tennessee State University's medical school which is a few miles from our office. Some of the students brought it to my attention and gave me his handout where he tells students that people have a duty to die to not be a burden to the next generation. I went to his lecture where he said the same thing and I asked when that duty kicked in. Without hesitation, he said at age 75. Rob Emmanuel, who helped put together the Affordable Care Act when he was serving in the government, recently wrote an article for the *New York Times* saying he wasn't promoting physician-assisted suicide legalization, but he does personally believe that people are no longer very productive at age 75 and should end their lives.

The most common reason the elderly take their lives is depression. Studies show that doctors recognize it poorly, especially in the terminally ill even though they respond well to antidepressant drugs. Though 95 percent of the elderly who commit suicide are depressed, the safeguards proposed in legalization laws don't require a consultation by a psychologist or psychiatrist. It happens less than 5 percent of the time in Oregon and Washington. In fact, a survey of mental health specialists in Oregon showed that over half of them said they couldn't diagnose depression reliably in just one visit.

It is dangerous for patients because mental or physical suffering precludes rational decision-making. The definition of being suicidal states that the person has "impaired cognition and distorted judgment." Now proponents are stating there is such a thing as a "rational suicide." That is an oxymoron like saying you can drink a glass of "dry water." We need to deal with the physical and mental suffering and the suicidal ideation will be resolved. We don't have to let the patient kill themselves to kill the suffering.

It is dangerous for patients because the cheapest form of treatment for a terminally ill patient is a handful of lethal pills costing less than $100. The biggest problem in healthcare is it costs too much. People don't have insurance because it costs too much. Half of the lifetime costs of healthcare happen in the last year of life. We could easily solve our cost dilemma by allowing physician-assisted suicide to be legal and promoted. Oregon's Medicaid program will not pay for any treatment that studies show does not give a greater than 5 percent survival rate. When a woman petitioned for a new drug that could prolong her life two or three years, the state program responded that they wouldn't pay for it under the guidelines, but they would be happy to cover the cost of her suicide if she wanted to take that step. Chilling!

Allowing doctors to give lethal prescriptions is dangerous for society. There is no logical place to draw the line if you allow it. If it is "right," how can you deny it to anyone who is suffering? All it takes is a lawsuit after it becomes law to expand it. Doesn't the patient who is terminal but can't swallow have a right to death? After physician-assisted suicide was legalized in The Netherlands in the mid-1970s, they found that patients who took the pills had complications 25 percent of the time. They vomited the pills up or woke up the next day not dead. They decided patients had a right to die well from their suicide, so they allowed doctors to be in attendance and give a lethal injection so it was "done right." They then realized if the justification was "suffering," they couldn't deny it to the chronically ill who would suffer for years, or to the newborns who would suffer from a congenital defect for a lifetime or to the psychiatric patients. How could you say mental suffering was any less that physical suffering? Now they are working on a protocol in The Netherlands to euthanize patients who desire it on the operating table so they can donate their organs and at least "something good will come out of this."

It is dangerous for society because the so-called "safeguards" won't work. Predicting patients only have six months left to live is impossible. A study in the journal *Cancer* revealed that 40 percent of patients

with cancer (that is two out of five) lived longer than the six months predicted by their doctor. A study out of Australia looking at The Netherland's doctors revealed they worked together as "consulting pairs" and the initial doctor almost always referred to a physician who would rubber stamp his assessment about the patient. The laws in Oregon and Washington make the doctor almost immune from malpractice charges. They can miss the diagnosis, botch the suicide or whatever and they only have to meet the legal standard of "good intent." In other words, "I didn't mean for that to happen." We don't allow those kind of standards for anything else in healthcare.

My greatest concern is that the laws being passed are putting a cloak of secrecy around the process. There is no way to study and find out if the process is working well. All the records submitted by physicians assisting with the suicide are destroyed. Only a statistical summary is published. By law, doctors have to lie on the death certificate they sign to say the patient died of their disease. We don't do that in any other areas of healthcare, and that makes it impossible to realize that any of the concerns I've expressed are actually happening. The only thing we know is that the doctors filled out the forms correctly.

I had a friend who went to live in Ethiopia with his wife and young child. They rented a house but found out after they moved in that there were rats in the house. He was unsuccessful in catching them with traps and feared his child would be bitten at night. He complained to his landlord who assured him he would resolve the problem. The next day he showed up with a basket containing two cobras to put in the attic and assured the man again that he would have not rats within a week. What do you think my friend said? He refused. The solution would work, but it was more dangerous than the rats.

That is what legalizing physician-assisted suicide is. It will eliminate suffering in terminally ill patients who choose this option, but it will destroy the literal foundation of the doctor-patient relationship and healthcare as a whole. It will destroy trust and cause much more harm than good. It is not a new idea; doctors before Hippocrates both cured and killed their patients. The trouble was you didn't know which one they would do to you. If someone paid them more, the doctor would kill you and no one would be the wiser. Hippocrates realized medicine could not thrive like that, and so he made it so that doctors had to take an oath before their future colleagues and the community to swear how they would use the powerful knowledge they were being given before their teachers would teach them. Over the next few hundred years, patients voted with their feet and Hippocratic medicine became the standard, the foundation on which Western healthcare grew and prospered.

We need to put our efforts into eliminating the suffering—not eliminating the patient—through research, better end-of-life care, more physicians with palliative training, good drug laws and coming alongside patients to emotionally, spiritually and physically support them in their final days. A handful of lethal pills is not compassion; it is an escape from the duty of compassion.

H.L Mencken summed it up well, "There is always an easy solution to every problem—neat, plausible and wrong." Let's not go down the path of physician-assisted suicide. It is not only wrong, it is too dangerous.

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